

2011 NC DHHS PRTF STAFF RATIO REVIEW

Parent Company:		Audit Date:	
Provider Name:		Dates (2 weeks):	
Provider #:		Prog. Level / Srv. Type:	
<i>Shift Notations:</i> A = 1 st of 3 C = 3 rd of 3 E = 1 st & 3 rd of 3 G = 1 st , 2 nd , 3 rd of 3 I = 2 nd of 2 B = 2 nd of 3 D = 1 st & 2 nd of 3 F = 2 nd & 3 rd of 3 H = 1 st of 2 J = 1 st & 2 nd of 2			
RATING CODES: 0 = Not Met / No, 1 = Met / Yes, 9 = N/A			
For Column 8: Was staff ratio met during each day of the 2-week period designated above?			
		WHEN RATING = "NOT Met", Complete columns 2 through 7.	
DAY	1. DATE	2. # CHILDREN <i>in home</i>	3. # STAFF
		4. SHIFT <i>(Use Notations)</i>	5. # CHILDREN <i>exceeding ratio</i>
		6. NURSE COVERAGE	7. SHIFT
		8. RATING	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
COMMENTS:			
AUDITOR:			